

ARKANSAS STATE BOARD OF COSMETOLOGY  
101 EAST CAPITOL, SUITE 108  
LITTLE ROCK, AR 72201  
(501) 682-2168

# Student Permit

PLEASE READ CAREFULLY: A student will not receive credit for any hours accrued prior to the date that this form and all required attachments are received by the Board's office.

Required Attachments: This form must include one (1) copy of the student's contract; a copy of the student's drivers license or other form of identification verifying the student's age; verification of the student's high school credits or equivalency; and a check or money order for \$10.00.

STUDENT INFORMATION: Print using blue or black ink.

Last Name		First Name (no nickname)			Middle Name	
Maiden Name (if applicable)			List any other last names you have ever used			
Address where you receive mail		Apt #	City	County	State	Zip code
Address where you live		Apt #	City	County	State	Zip code
Phone with area code		Gender MALE FEMALE		Race(circle one) Black White Am. Indian Hispanic Asian Alaskan Native		
Marital status		SSN		Date of birth		Place of birth(Cith, State, Country)

ENROLLMENT INFORMATION:

School ID#		Name of enrolling school			City		
Name of high school attended			City/State/Country			Grade completed	Year
Type of cosmetology training (CIRCLE ONE)	COSMETOLOGY	MANICURE	AESTHETICIAN	INSTRUCTOR	ELECTROLOGY		
Schedule to attend (CIRCLE ONE)	REGULAR		VO-TECH			OTHER	
	FT	PT	AM 1	AM 2	PM 1	PM 2	NIGHT

PREVIOUS ENROLLMENT INFORMATION:

Have you ever attended Cosmetology school?		If yes, please name school.		City/State		
YES	NO					
If yes, please give the type of training.			If yes, please give the number of hours acquired.			
Have you ever been licensed in any type of Cosmetology?		YES	NO	If yes, what type of license?	Licensed in what state?	Is license current?
						YES NO

I hereby give my permission to the school to release any information contained in my student file to a representative of the Board who is duly authorized to review my records. Further, I give my permission to the Arkansas State Board of Cosmetology to release my examination results to the school for the purpose of documenting my performance on the state licensing examination.

Student	Signature	today's date
School representative	Signature	today's date

DO NOT WRITE BELOW THIS AREA - FOR BOARD USE ONLY

Permit	Receipt #	HS	MAT date
Date training to begin		Number of hours enrolling	